| CG ICS SSP<br>SPECIFIC<br>HAZARD<br>ATTACHMENT | 1. Hazard<br>Products containing<br>Hydrocarbons/Benzen<br>Additional Attachmen |           | 2. Divisions/Groups/Units affected: Field Response  |  | 3. Job Tasks Involving F<br>Assessments   | 3. Job Tasks Involving Hazard:<br>Assessments   |  |  |
|--|---|-----------|---|--|---|---|--|--|
| Medical Condition                              | Action Level  | Reference | Signs, Symptoms &<br>Potential Health Effects   | Exposure Route   | <u>Controls</u> :<br>Engineering, Administrative, PPE   | Medical Response                                |  |  |
| Cancer   |   |           | Bone marrow depression, Abnormal blood counts, Cancer of the blood (leukemia), incapacitating illness & death | Inhalation X Absorption X Ingestion Injection Membrane | <ul> <li>Avoid Contact</li> <li>Avoid confined &amp; tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>Chem resistance clothing</li> <li>Respirators &gt; TLV</li> </ul> | - Test blood & urine for<br>phenol              |  |  |
| Dermatitis                                     |   |           | Reddening of the skin,<br>benzene is a suspected skin<br>carcinogen   | Inhalation Absorption X Ingestion Injection Membrane   | <ul> <li>Avoid Contact</li> <li>Keep upwind</li> <li>Wear chemical resistance gloves &amp; clothing</li> <li>Wash frequently</li> </ul>   | - Wash skin & exposed areas with soap and water |  |  |
| Eye Irritation                                 |   |           | Red eye, weeping eye, blurry vision   | Inhalation Absorption X Ingestion Injection Membrane   | <ul> <li>Avoid Contact</li> <li>Keep upwind</li> <li>Wear safety glasses</li> <li>High splash zone,<br/>wear chemical<br/>resistance goggles</li> </ul>                                   | - Flush eyes with water                         |  |  |
| Central Nervous System<br>Effect               |   |           | Giddiness, headache, nausea, staggered gait, fatigue  | Inhalation X Absorption X Ingestion Injection Membrane | <ul> <li>Avoid contact, &amp; confined/tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>Chem resistance clothing</li> <li>Respirators &gt; TLV</li> </ul>               | - Test blood & urine for<br>phenol (benzene)    |  |  |
| Respiratory Irritant                           |   |           | Irritation of nose, throat and lungs  | Inhalation X Absorption X Ingestion Injection Membrane | <ul> <li>Avoid confined &amp; tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>Chem resistance clothing</li> <li>Respirators &gt; TLV</li> </ul>                        | - Test blood & urine for<br>phenol (benzene)    |  |  |
| 4. Prepared by:                                | 5. Date/time briefed  | :         | Last Update: 9/25/17  |  |   | Attach 1:                                       |  |  |
| E Primeau                                      |   |           |   |  | Hydrocarl   | oons/Benzene                                    |  |  |

| CG ICS SSP<br>SPECIFIC<br>HAZARD<br>ATTACHMENT | Hazard     Products Containing H     Additional Attachment |           | 2. Divisions/Groups/Units affected:<br>Field Response  |   | 3. Job Tasks Involving F<br>Assessments  | 3. Job Tasks Involving Hazard:<br>Assessments                      |  |
|--|--|-----------|--|---|--|--|--|
| Medical Condition Chemical asphyxiation        | Action Level Note: Poor Warning Properties                 | Reference | Signs, Symptoms & Potential Health Effects Headache, dizziness, fatigue, staggered gait, giddiness | Exposure Route Inhalation X Absorption Ingestion Injection Membrane | Controls: Engineering, Administrative, PPE  - Avoid Contact - Avoid confined & tight spaces - Keep upwind - Air monitoring - SCBA > TLV  | Medical Response   |  |
| Diarrhea                                       |  |           | Runny or loose stool   | Absorption Ingestion X Injection Membrane                           | <ul> <li>Avoid Contact</li> <li>Keep upwind</li> <li>Wash frequently</li> <li>Avoid confined &amp; tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>SCBA &gt; TLV</li> </ul> | - If ingested, induce<br>vomiting, drink large<br>volumes of water |  |
| Respiratory Paralysis                          |  |           | Difficulty breathing, fatigue, strong signs of weakness  | Absorption  | <ul> <li>Avoid Contact</li> <li>Keep upwind</li> <li>Wash frequently</li> <li>Avoid confined &amp; tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>SCBA &gt; TLV</li> </ul> | - Provide support respiration where needed                         |  |
| Chemical Burns                                 |  |           | Severe burning of skin, eyes<br>and other external organs  | Absorption Ingestion Injection Membrane Contact X                   | <ul> <li>Avoid areas above 10%</li> <li>LEL</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>Flash protective clothing</li> <li>SCBAs &gt; TLV</li> </ul>                                 | -Treat for burns as appropriate                                    |  |
| Central Nervous System Depression              |  |           | Headache, dizziness, fatigue, staggered gait, giddiness  | Inhalation X Absorption Ingestion Injection Membrane                | <ul> <li>Avoid confined &amp; tight spaces</li> <li>Keep upwind</li> <li>Air monitoring</li> <li>Chem resistance clothing</li> <li>SCBA &gt; TLV</li> </ul>                                    | - Remove from site   |  |
| 4. Prepared by:<br>E Primeau                   | 5. Date/time briefed                                       | :         | Last Update: 9/25/17   |   |  | Hydrogen Sulfide   |  |

| CG ICS SSP<br>SPECIFIC<br>HAZARD<br>ATTACHMENT   | 1. Hazard Generic Signs & Symptoms Acute Over Exposure Attachments: |                         | s/Groups/Units affected:   | 3. Job Tasks Involving Hazard: Assessments                                 |
|--|---|-------------------------|--|--|
| Sign   | s and Symptoms  |                         | Actio  | on to be Taken   |
| <ul> <li>Sudden weight l</li> <li>Unusual fatigue</li> <li>Unusual irritabil</li> <li>Skin rashes/aller</li> <li>Hearing loss</li> <li>Vision loss or pr</li> <li>Changes in sens</li> </ul> | roblems e of smell ath, asthma, cough, g, dizziness ors             | ies                     | <ol> <li>REMOVE PERFORM SITE.</li> <li>REPORT SY SUPERVISO</li> <li>SEEK APPROATTENTION</li> <li>EVALUATE SOURCES</li> <li>REQUEST SE</li> </ol> | ERSON AND OTHERS MPTOM TO R OPRIATE MEDICAL POTENTIAL ITE RIZATION BY SITE |
| 4. Prepared by: E. Primeau   |   | Last Update:<br>9/25/17 |  | 3: Signs/Symptoms of oxic Exposure   |

| CG ICS SSP<br>SPECIFIC        | 1. Hazard<br>Heat Stress |  | 2. Divisions/Groups/Units aff  | ected:   | 3. Job Tasks Involving I  | 3. Job Tasks Involving Hazard:  |  |  |
|-------------------------------|--------------------------|--|--|--|---|---|--|--|
| HAZARD<br>ATTACHMENT          | Attachments:             |  | Field Response   |  | Assessments   |   |  |  |
| Medical Condition Heat Stroke | Action Level             | Reference<br>NIOSH:                      | Signs, Symptoms & Potential Health Effects Skin is hot   | Exposure Route                                       | Controls: Engineering, Administrative, PPE - Acclimatize workers  | Medical Response - Get EMT assistance   |  |  |
|                               | Minimize exposure        | Working in Hot<br>Environments           | Skin is dry Skin is red and spotted Body Temp: 105 or > Mental confusion Convulsions Unconscious   | Inhalation Absorption X Ingestion Injection Membrane | <ul> <li>Avoid direct sun</li> <li>Institute work/rest regimens</li> <li>Provide cool rest areas</li> <li>Drink 5-7 ounces water every 15-20</li> </ul> | immediately - Remove victim to cool area - Soak clothing w/water - Fan body to increase cooling   |  |  |
| Heat Exhaustion               | Minimize exposure        | NIOSH:<br>Working in Hot<br>Environments | Extreme weakness Giddiness, headache Nausea, Vomiting Skin is clammy & moist Complexion is pale/flushed Body Temp: normal to slightly elevated | Inhalation Absorption X Ingestion Injection Membrane | minutes - Consider cooling garments - Use heat stress monitors - Use canopies or other shelter - Minimize workers with illnesses and                    | <ul> <li>Notify EMT</li> <li>Rest victim in cool place</li> <li>Have victim drink plenty of water</li> </ul>  |  |  |
| Heat Cramps                   | Minimize exposure        | NIOSH:<br>Working in Hot<br>Environments | Painful spasms of muscles<br>Profuse sweating  | Inhalation Absorption X Ingestion Injection Membrane | excessive weight  | Remove victim from site     Ensure victim drinks plenty of water and replaces electrolytes  |  |  |
| Fainting                      | Minimize exposure        | NIOSH:<br>Working in Hot<br>Environments | Victim faints due to lack of blood to the brain  | Inhalation Absorption X Ingestion Injection Membrane |   | <ul> <li>Remove victim to cool area</li> <li>Ensure victim drinks plenty of fluid</li> <li>Ensure victim is not sedentary in direct heat</li> </ul> |  |  |
| Heat Rash                     | Minimize exposure        | NIOSH:<br>Working in Hot<br>Environments | Skin rash Experience of prickly heat   | Inhalation Absorption X Ingestion Injection Membrane |   | - Remove victim to cool place - Ensure victim drinks plenty of water  |  |  |
| 4. Prepared by:<br>E Primeau  | 5. Date/time briefed     | i:                                       | Last Update: 9/25/1'   | 7  | SSP-Attach  | 4: Heat Stress  |  |  |

| CG ICS SSP LOG/RECORD OF                      | 1. Incident Name        | 2. Site Location: | 3. Site Si | upervisors: |                       |
|---|-------------------------|-------------------|------------|-------------|-----------------------|
| SAFETY BRIEFINGS ATTACHMENT                   | Hurricane Harvey ESF-10 |                   |            |             |                       |
|   | Response                |                   |            |             |                       |
| 4. Type of Briefing                           | 5. P                    | resented by:      | 6.         | Date        | 7. Time               |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
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| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
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| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
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| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ]                     |                         |                   |            |             |                       |
| Specify Other:                                |                         |                   |            |             |                       |
| Start Shift [ ] Pre-Entry [ ]                 |                         |                   |            |             |                       |
| Exit [] End of Shift []                       |                         |                   |            |             |                       |
| Specify Other:  Start Shift [ ] Pre-Entry [ ] |                         |                   |            |             |                       |
|   |                         |                   |            |             |                       |
|   |                         |                   |            |             |                       |
| Specify Other:  Start Shift [ ] Pre-Entry [ ] | +                       |                   |            |             |                       |
|   |                         |                   |            |             |                       |
| Exit [ ] End of Shift [ ] Specify Other:      |                         |                   |            |             |                       |
| 1 4   | 1                       |                   |            | CCD         | Adda ala Ca Daganda C |
| Last Updated: 9/25/17                         |                         |                   |            |             | Attach 6: Record of   |
|   |                         |                   |            | S           | afety Briefings       |
|   |                         |                   |            |             | -                     |

| CG ICS SSP<br>SPECIFIC | Hazard     Helicopter Operations |      | 2. Helicopter Location                       | 3. Emergency contacts:       |                |
|------------------------|----------------------------------|------|--|------------------------------|----------------|
| HAZARD                 | Additional Attachments:          |      |  |                              |                |
| ATTACHMENT             |                                  |      |  |                              |                |
|                        | activity                         |      | Safe Work Pra                                | actice                       | 4. Checked [3] |
| Pre-                   | -boarding                        | - Re | eceive Safety briefing from helicopter of    | pperators                    |                |
|                        | <u> </u>                         |      | eceive emergency extrication briefing        |                              |                |
|                        |                                  |      | now location of emergency equipment          |                              |                |
|                        |                                  |      | now water landing procedures                 |                              |                |
|                        |                                  |      | oose fitting hats, clothing & other gear     |                              |                |
|                        |                                  |      | nsure operator knows how to contact en       |                              |                |
|                        |                                  | - Eı | nsure operator has good communication        | ns with coordinating vessels |                |
|                        |                                  | -    |  |                              |                |
| Approaching ar         | nd Exiting Helicopter            |      | oproach from front                           |                              |                |
|                        |                                  |      | pproach only when signaled by pilot          |                              |                |
|                        |                                  |      | ever walk under tail blade                   |                              |                |
|                        |                                  |      | pproach in clear view of pilot               |                              |                |
|                        |                                  | - A  | oproach in crouching position                |                              |                |
|                        |                                  |      |  |                              |                |
| Onboard Helicop        | oter/Helicopter Startup          |      | ear seatbelts                                |                              |                |
|                        |                                  |      | ear hearing protection                       |                              |                |
|                        |                                  |      | round crew & other persons maintain m        |                              |                |
|                        |                                  | - Be | e alert for ground traffic and air traffic t | to assist pilot              |                |
|                        |                                  |      |  |                              |                |
|                        | Other                            | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
|                        |                                  | -    |  |                              |                |
| 5. Prepared by:        | 6. Date/time briefed:            | -    | I4 II J-4- J. 0/25/45                        | CCD A441-F II I              |                |
| E Primeau              | 5. Date time officied.           |      | Last Updated: 9/25/17                        | SSP-Attach 7: Hel            | icopter Safety |

| 5. Prepared by:<br>E Primeau | 6. Date/time briefed:   | l    | Last Updated: 9/25/17  | SSP-Attach 8: Sma                    | all Boat Safety |  |
|------------------------------|-------------------------|------|--|--------------------------------------|-----------------|--|
|                              |                         |      |  |                                      |                 |  |
|                              |                         | - If | not assisting in the mooring operation                                       | , remain seated until lines are tied |                 |  |
|                              |                         |      | o not disembark with bulky or heavy e  |                                      |                 |  |
|                              |                         |      | ay clear of lines being used for mooring                                     |                                      |                 |  |
| Boat mooring and egress      |                         |      | - Keep hands & feet away from pinch points between boat & dock               |                                      |                 |  |
|                              |                         |      | ·  |                                      |                 |  |
|                              |                         |      | void anchoring the boat by the stern   | <u> </u>                             |                 |  |
|                              | •                       | - E1 | nsure boat is able to maintain direct co                                     | ntact visually or by radio           |                 |  |
| Boa                          | at Operations           | - Re | - Remain seated whenever possible. Keep low in the boat.                     |                                      |                 |  |
|                              |                         |      | q  |                                      |                 |  |
|                              |                         |      | nsure adequate fenders and mooring lin                                       | * *                                  |                 |  |
|                              |                         |      | nsure first aid kits, fire extinguishers, a                                  | *                                    |                 |  |
|                              |                         |      | nsure adequate food & water is available                                     |                                      |                 |  |
|                              |                         |      | asure sun protection is available (glass                                     |                                      |                 |  |
|                              |                         |      | nsure at least 2 people are operating the                                    | · ·                                  |                 |  |
|                              |                         |      | nsure proper footwear for maintaining nsure equipment on boat is distributed |                                      |                 |  |
|                              |                         |      | nsure boat does not exceed safe load ca                                      | <del>• • •</del>                     |                 |  |
|                              |                         |      | eep all sources of ignition away from f                                      |                                      |                 |  |
|                              |                         |      | nsure portable fuel tanks are full prior                                     |                                      |                 |  |
|                              |                         |      | onfirm location of safe seating from bo                                      |                                      |                 |  |
|                              |                         |      | nsure appropriate number of CG appro   |                                      |                 |  |
|                              |                         |      | nsure qualified operators are running th                                     |                                      |                 |  |
|                              |                         |      | nsure distress signals are available for                                     |                                      |                 |  |
|                              |                         |      | nsure comms schedule with parent unit  |                                      |                 |  |
|                              |                         |      | nsure operator has good comms with co  | ·                                    |                 |  |
|                              |                         |      | nsure operator knows how to contact e  |                                      |                 |  |
|                              |                         |      | now location of emergency equipment  |                                      |                 |  |
|                              |                         |      | eceive emergency extrication briefing  |                                      |                 |  |
| Pr                           | e-boarding              | - Ro | eceive safety briefing from boat crew of                                     | pperators                            |                 |  |
|                              | Activity                |      | Safe Work Pr   | ractice                              | 4. Checked [3]  |  |
| ATTACHMENT                   |                         |      |  |                                      |                 |  |
| HAZARD                       | Additional Attachments: |      |  |                                      |                 |  |
| SPECIFIC                     | Small Boat Operations   |      | 2. Small Boat Unit Assignment  | 3. Emergency contacts:               |                 |  |
| CG ICS SSP                   | 1. Hazard               |      | 2. Small Boat Unit Assignment  | 2 Emergency contacts:                |                 |  |

| CG ICS SSP SPECIFIC<br>HAZARD<br>ATTACHMENT | 1. Hazard<br>Vehicle Operations: |      | 2. Vehicle Unit Designator                  | 3. Emergency contacts:     |                |
|---|----------------------------------|------|---|----------------------------|----------------|
|   | Activity Safe Work Practice      |      |   | <br>ctice                  | 4. Checked [3] |
|   | driving                          | - E  | nsure tires are inflated                    | ence                       |                |
|   | 8                                |      | nsure gas cap is in place & tight           |                            |                |
|   |                                  |      | nsure front hood and trunk are secured      |                            |                |
|   |                                  | - E  | nsure spare tire is in good condition       |                            |                |
|   |                                  |      | ocate tire changing equipment               |                            |                |
|   |                                  |      | ocate emergency road kit                    |                            |                |
|   |                                  | - C  | heck headlights, brake, emergency, turn     | signals and parking lights |                |
|   |                                  |      | djust side mirrors                          |                            |                |
|   |                                  |      | djust review mirrors                        |                            |                |
|   |                                  | - E  | nsure horn is in working order              |                            |                |
|   |                                  | - E  | nsure seat belts fasten                     |                            |                |
|   |                                  | - E  | nsure sunglasses are available              |                            |                |
|   |                                  |      | ocate operating switches for lights, wipe   |                            |                |
|   |                                  |      | nsure adequate directions to destination    |                            |                |
|   |                                  |      | heck to ensure driving route avoids high    |                            |                |
|   |                                  | - E  | nsure adequate fuel (keep half full durin   | g emergencies)             |                |
| Vahiala (                                   | Operations                       | Α    | fter ignition, look for warning lights.     |                            |                |
| V CITICIE (                                 | operations                       |      | est braking system                          |                            |                |
|   |                                  |      | bey all traffic signs and speeds            |                            |                |
|   |                                  |      | o not drive if hearing, sight or appendag   | as are impaired            |                |
|   |                                  |      | ake frequent breaks; once every 100 mil     |                            |                |
|   |                                  |      | uring breaks, if sleeping, park in lighted  |                            |                |
|   |                                  |      | o not drive if tired, on medication or und  |                            |                |
|   |                                  |      | Ionitor traffic reports for accidents, weat |                            |                |
|   |                                  | - IV | tomtor traffic reports for accidents, weat  | ner and construction       |                |
| Other Pr                                    | ecautions                        | - N  | O RIGHT ON RED IN NYC UNLESS                | POSTED                     |                |
|   |                                  | -    |   |                            |                |
|   |                                  | -    |   |                            |                |
|   |                                  | -    |   |                            |                |
|   |                                  | -    |   |                            |                |
|   |                                  | -    |   |                            |                |
| 5. Prepared by:<br>E Primeau                | 6. Date/time briefed:            |      | Last Updated: 9/25/17                       | SSP-Attach 9: Ve           | ehicle Safety  |

| CG ICS SSP<br>SPECIFIC            | 1. Hazard Insect Hazards Additional Attachments:   | 2. Divisions/Groups/Units affecte  | d:  | 3. Job Tasks Involving Hazard:   |
|-----------------------------------|--|--|---|--|
| HAZARD<br>ATTACHMENT              | Additional Attachments.  | Field Response   |   | Assessments  |
| Hazard Type Insect Bites & Stings | Potential Sources Africanized "Killer" Bees Fire Ants  Black Widow Spider (Not in op area)  Brown Recluse (Not in op area) | Signs & Symptoms  Allergic person: -Swollen throat -Difficult breathing -Noisy breath -Sudden pain -Severe itching, hives, acute redness, swelling -white firm swelling -reduced consciousness, shock  -Systemic poison -Flu – like symptoms -Severe abdominal pain -Rigidity, muscle pain, cramping, -Chest tightness, breathing difficulty, -Pain in soles of feet -Alternating dry & salivating mouth, -Nausea, vomiting -Profuse sweating or swollen eyelids -Severe redness -Red circle around bite | - Provide insect repellent - Encourage long sleeves & pants if practical - Conduct tick & bite inspection during breaks and prior to departing site - Identify persons with insect allergies & restrict them where necessary - Obtain emergency | Medical Treatment  Wash wound with soap & water Request med assistance for allergic persons Remove stinger without pinching or squeezing Use cold pack to reduce swelling, use pad between skin and pack Keep wounded area below heart to slow spread of venom Do not administer aspirin or alcohol Wash wound with soap & water Request med assistance address symptoms Use cold pack to reduce swelling, use pad between skin and pack  Wash wound with soap & water Request med assistance for allergic |
|                                   | Ticks  | -Bite takes several months to heal  -Flu like symptoms -Fever -Rash, joint pain, headaches   |   | persons Remove stinger without pinching or squeezing Use cold pack to reduce swelling, use pad between skin and pack Wash wound with soap & water Request med assistance for allergic persons Remove tick with oil, alcohol or heated tweezers Use tweezers to remove imbedded head If fever, rash, unusual markings develop around bite, contact physician  |
| 4. Prepared by:                   | 5. Date/time briefed:  | Last Updated: 9/25/17  | 1   | SSP-Attach 10: Insect Hazards  |

| CG ICS SSP                       | 1. Hazard   | 2. Divisions/Groups/Units affected:  |   | 3. Job Tasks Involving Hazard:  |  |
|----------------------------------|---|--|---|---|--|
| SPECIFIC<br>HAZARD<br>ATTACHMENT | Animal Hazards Additional Attachments:                | Field Response   |   | Assessments   |  |
| Hazard Type                      | Potential Sources                                     | Signs & Symptoms   | Control   | Medical Treatment   |  |
| Mammal Bites                     | Dogs, Cats Skunks, Raccoons Foxes, Possums            | -Pain & tenderness of wound -Redness, heat, swelling -Puss under the skin  | <ul> <li>Recon area prior to work &amp; identify nests &amp; habitats</li> <li>Identify animals &amp; any unusual behavior</li> <li>Relocate animals if necessary using wildlife experts</li> <li>Report rabid animals to local wildlife authorities</li> <li>Obtain emergency bite kits</li> </ul>   | <ul> <li>Get medical attention ASAP to address infection</li> <li>Ensure tetanus shot is updated</li> <li>Interview individual to determine appearance/disposition of animal</li> <li>Control serious bleeding</li> <li>Apply pressure using gauze pad, tourniquets are inadvisable</li> <li>Wash before touching wound</li> <li>Wear rubber gloves when treating victim</li> <li>Wash wounds that are not bleeding heavily</li> <li>Cover with clean dressing and bandage</li> <li>Get medical assistance immediately</li> </ul>   |  |
|                                  |   | -Irritability -Strange, abnormal behavior                                  |   |   |  |
| Snake Bites                      | Coral Snakes Water Moccasins Rattle Snakes Pit Vipers | -Heat around fang marks -Weakness, sweating, faintness, shock Coral snake: | <ul> <li>Recon area prior to work &amp; identify nests &amp; habitats</li> <li>Place locations on SSP map</li> <li>Identify animals &amp; any unusual behavior</li> <li>Relocate animals if necessary using wildlife experts</li> <li>Report agressive animals to local wildlife authorities</li> <li>Obtain emergency bite kits</li> </ul> | <ul> <li>Get medical attention ASAP</li> <li>Ensure tetanus shot is updated</li> <li>Interview individual to determine appearance/disposition of snake</li> <li>Control serious bleeding</li> <li>Apply pressure using gauze pad, tourniquets are inadvisable</li> <li>Wash before touching wound</li> <li>Wear rubber gloves when treating victim</li> <li>Wash wounds that are not bleeding heavily</li> <li>Cover with clean dressing and bandage</li> <li>Poisoned Victim</li> <li>Get immediate medical attention</li> <li>Keep patient still to slow spread of venom</li> <li>Place bite area below heart to slow venom</li> <li>Wash with soap &amp; water</li> <li>Use splint to immobilize bitten arms/legs</li> <li>Use cold pack with gauze before skin</li> <li>Do not administer aspirin or alcohol</li> <li>Do not use tourniquets</li> </ul> |  |
| 4. Prepared by:                  | 5. Date/time briefed:                                 | Last Updated: 9/25/17  |   | SSP-Attach 11: Animal Hazards   |  |

| CG ICS SSP                       | 1. Hazard  | 2. Divisions/Groups/Units affecte  | d:   | 3. Job Tasks Involving Hazard:  |
|----------------------------------|--|--|--|---|
| SPECIFIC<br>HAZARD<br>ATTACHMENT | Marine Animal and Plant Hazards Additional Attachments:  | Field Response   |  | Skimming, booming, removal, assessment, security  |
| Hazard Type                      | Potential Sources  | Signs & Symptoms   | Control  | Medical Treatment   |
| Animal Stings & Punctures        | Group I Jellyfish, Portuguese Man-o-war Anemones Corals Hydras  Group II Urchins, Cone Shells, Stingrays, Spiny fish | -Pain & tenderness of wound -Redness, heat, swelling -Puss under the skin -Red streaks around wound  Sensitive Individuals -Allergic reactions -Respiratory arrest -Fainting -Infections & tetanus may develop | <ul> <li>Recon area prior to work &amp; identify nests &amp; habitats</li> <li>Place locations on SSP map</li> <li>Outfit workers with protective clothing for water activities and to prevent bites</li> </ul>  | <ul> <li>Get medical attention ASAP to address infection</li> <li>Ensure tetanus shot is updated</li> <li>Interview individual to determine appearance of animal</li> <li>Control serious bleeding         <u>Group I</u></li> <li>Do not rub or scratch affected area</li> <li>Sprinkle alcohol on affected area, follow with meat tenderizer or talcum if available (denatures toxin)         <u>Group II</u></li> <li>Soak in very warm water for 30 minutes</li> <li>Do not use very hot water</li> </ul> |
| Plants                           | Poison Ivy<br>Poison Oak<br>Poison Sumac   | Some or all of these symptoms may be present: -Itching -Burning -Blistering -Rash & bumpy skin   | <ul> <li>Recon area prior to work &amp; identify plant types</li> <li>Place locations on SSP map</li> <li>Remove if necessary</li> <li>Long sleeve shirts and pants should be worn</li> <li>Gloves should be worn</li> <li>Wash frequently during breaks &amp; prior to departing work site.</li> <li>Employ body screen salves</li> </ul> | If contact occurs, wash with soapy water immediately     Do not scratch     Provide medical attention of spreading is severe  |
| 4. Prepared by:                  | 5. Date/time briefed:  | Last Updated: 9/25/17  | ,  | SSP-Attach X: Animal Hazards  |